



**State of Michigan**  
**Department of Consumer & Industry Services**  
**BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION**

Authorized by MCL 421.1, et seq.  
Completion of this form is  
required to qualify for benefits.



**CLAIMANT'S  
STATEMENT OF WAGES**

Complete this form to provide wage information required to determine if you qualify for unemployment benefits. Complete a separate form for each employer, as directed. Instructions for completion are on the reverse side. Please print clearly using **black ink**.

1. CLAIMANT LAST NAME, FIRST, MIDDLE INITIAL					2. SOCIAL SECURITY NUMBER			3. ADDITIONAL NAME or SSN WORKED UNDER		
<div style="display: flex; justify-content: space-between;"> <span>BW&amp;UC Account Number</span> <span>Multi</span> <span>Check Digit</span> </div>					4. FEDERAL EMPLOYER ID NUMBER (from W-2 Form, if available)					
5. EMPLOYER (Name of Company)					6. EMPLOYER TELEPHONE NUMBER (     )					
7. EMPLOYER ADDRESS					8. FIRST DATE WORKED			LAST DATE WORKED		
					MONTH     DAY     YEAR			MONTH     DAY     YEAR		

9.	Quarter _____ Year _____	Quarter _____ Year _____	Quarter _____ Year _____	Quarter _____ Year _____	Quarter _____ Year _____					
	PAY DATE (Month/Day)	GROSS WAGES PAID	PAY DATE (Month/Day)	GROSS WAGES PAID	PAY DATE (Month/Day)	GROSS WAGES PAID	PAY DATE (Month/Day)	GROSS WAGES PAID	PAY DATE (Month/Day)	GROSS WAGES PAID
	<b>TOTAL</b> Quarterly Wages	\$	<b>TOTAL</b> Quarterly Wages	\$	<b>TOTAL</b> Quarterly Wages	\$	<b>TOTAL</b> Quarterly Wages	\$	<b>TOTAL</b> Quarterly Wages	\$

**10. CLAIMANT'S CERTIFICATION:** I certify that the above information is true and correct to the best of my knowledge and belief.  
I understand that the law provides penalties of fine, and/or imprisonment, and/or community service for false statements to secure benefits.

11. Your Signature	Date:
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For Mailing Purposes \_ Use EN 72

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### Instructions

- Clearly print your name and Social Security number. Enter any additional name or Social Security number under which you may have worked.
- Enter the Federal Employer Identification Number (FEIN) from your W-2 Form, if available.
- Clearly print employer name, address, telephone number, and dates of employment.
- Report missing **gross** wages (before taxes) PAID to you in each calendar quarter identified in Item 9 on the front side. For example, you may have worked during the last week of March (1st quarter) but were not paid until April (2nd quarter). Report these wages in the 2nd quarter (the quarter containing the date you were PAID).

There are 4 calendar quarters per year.

The quarters are numbered and are the same from year to year.

Each quarter contains three calendar months as follows:

<b>1st Quarter</b>	January 1	through	March 31
<b>2nd Quarter</b>	April 1	through	June 30
<b>3rd Quarter</b>	July 1	through	September 30
<b>4th Quarter</b>	October 1	through	December 31

- If you know your *gross* wages for each quarter, complete only the Total Quarterly Wages box for each quarter identified in Item 10, or you may use the spaces provided to list each pay date and amount to help you figure the Total Quarterly Wages.
- If you have pay stubs, enter the pay dates (date of check) and *gross* wages paid on that date in the correct quarter.
- Calendars are available upon request that show the 4 quarters. Call the Customer Relations Hotline (number below) to request a calendar.
- If you need help, call BW&UC Claimant Customer Relations Hotline at 1-800-638-3995.
- Carefully read the Claimant's Certification Statement before you sign and date this form.

**NOTE:** If your claim is established based on the information you provide on this form, it may be subject to a redetermination when corrected wage information is obtained from your employer.

**Return this form to:** Bureau of Workers' &  
Unemployment Compensation  
P.O. Box 5050  
Saginaw, MI 48605-5050  
Fax#: (989) 758-1986